

# Georgia Department of Human Resources

## BIRTHS TO TEENAGERS IN GEORGIA

### Progress

Georgia's birth rate among 15 to 19-year-olds declined from third highest in the nation in 1992 to sixth highest by 2001 (the most recent ranking available). The birth rate declined 21 percent from 1991 to 2001. For whites, the rate remained steady at 56 per 1,000 adolescent females, and for African Americans it declined by 35 percent, from 117.1 in 1991 to 76.8 in 2001.

Despite the good news, Georgia must continue to reduce the teen birth rate even further, by reducing sexual activity among unmarried teens in order to ensure that future generations will be healthy and self-sufficient. Teenage mothers are increasingly likely to be unmarried and have babies at earlier ages. They are more likely to drop out of school and rely on Temporary Assistance to Needy Families (TANF). Their children are more likely to require care for health problems and disabilities. Early sexual activity greatly increases the rates of sexually transmitted diseases, which are most prevalent among youth.

### What DHR is doing: Adolescent Health and Youth Development

Preventing teenage pregnancies is an important part of Georgia's welfare reform efforts. Fifty-five percent of women on welfare in 1993 were teenagers when they had their first child.

During 1997, the Georgia General Assembly appropriated \$9 million in state and federal funds for a teenage pregnancy prevention initiative, to be implemented by the Georgia Department of Human Resources (DHR) beginning in FY 98. The budget for FY 2003 is \$15.3 million, including \$3.2 million in state funds and \$12.1 million in federal funds.

Together with Workfirst, the aim of the initiative is to prevent welfare dependency and improve economic opportunity and responsible parenting. It is a collaboration among the divisions of Public Health and Family and Children Services and other state, county, and community agencies. The Office of Adolescent Health & Youth Development (AHYD) was established to assure that the initiative would have measurable, positive results.

AHYD is a comprehensive program that seeks to prevent a wide range of behaviors that put youth at risk, including substance abuse, violence, tobacco use, and obesity, by encouraging abstinence from alcohol and drugs, good communication with family members, positive career choices, involvement with the community, physical activity, and abstinence from sexual activity before marriage.

### Goals and objectives

The goal of Georgia's teenage pregnancy prevention initiative is to help youth grow up healthy, educated, connected to their families and communities, and employable. By the year 2010 the program aims to reduce the birth rate to girls ages 15-19 by 15 percent. The 2001 rate was 60.2 births to every 1,000 girls.

The initiative has three major objectives:

- To reduce the rate of sexual activity among teens by teaching abstinence;
- To increase high school completion rates among teen parents, reduce the rate of repeat teen pregnancies, and improve opportunities for employment;
- To increase the effective use of contraceptives among sexually active teens.

### Strategies

Research shows that successful programs address the broad range of social and economic factors that affect teen behavior. No single approach is effective by itself. The initiative takes a comprehensive approach, including these strategies:

- **Comprehensive adolescent health and youth development programs.** Communities submitted plans that demonstrated local collaboration. Thirty-nine programs are funded to provide comprehensive prevention services, including abstinence education; drug and alcohol prevention education; counseling; and adolescent health services, including screening and treatment. Specially designed teen-friendly facilities offering these services are located in shopping centers, welfare offices, community centers, and mobile units (vans) that go to places where teens feel comfortable.

Most of the teens who come to the centers do so with the knowledge of their parents, and staff work with teens to improve parent-teen communications. The teens come with a wide variety of needs. They may ask for information, abstinence classes, advice on nutrition and physical activities, sports physicals, a test for a sexually transmitted disease or pregnancy, support groups, or just someone to talk to. They hear about centers from their parents, other teens, school staff, caseworkers, community members, and outreach workers.

- **Parent and teen advisory boards** assist the staff with program design and outreach. Parents are encouraged to participate in many of the centers' activities.
- **Community involvement.** Seventeen programs are collaborations between the Family Connection Partnership, county public health departments, schools, faith organizations, local social agencies, and youth-serving organizations. They have been funded to involve citizens residing and working in the community in positive youth development activities to reduce teen pregnancy, juvenile delinquency, poor school performance, and other risk-taking behaviors among youth. Funds are awarded based on competitive proposals.
- **Abstinence education.** Forty-two community based organizations, faith organizations and local school systems are funded to conduct education emphasizing abstinence until marriage and personal responsibility as the best way to avoid teen pregnancy and sexually transmitted diseases. Funds are awarded based on competitive proposals, managed by the Children and Youth Coordinating Council.
- **Adolescent male involvement.** Thirteen programs have been funded among community-based organizations that work to promote responsible decision making and to prevent and reduce premarital sex, statutory rape, alcohol and drug abuse, delinquent behaviors, and violence among adolescent males. Funds are awarded based on competitive proposals.
- **Community outreach.** Resource Mothers and Resource Fathers serve as outreach workers in the communities. They work to build trusting relationships with youth in the community to reduce the teen pregnancy rate. These are primarily former welfare recipients making a transition from welfare to work.
- **Faith/health community partnerships.** The Office of Adolescent Health has formed a partnership with members of the faith community, holding conferences with community faith and public health leadership to engage them to work together for positive youth development and health promotion.

### The scope of the problem

The birth rate among girls in Georgia 15 to 19 years-old declined 21 percent in the past ten years, from 76.3 births per 1,000 girls in 1991 to 60.2 in 2001.

Births to girls 15-19						
	Black		White		Total	
	Births	Rate per 1000	Births	Rate per 1000	Births	Rate per 1000
1991	9,242	117.1	8,531	56.3	17,884	76.3
1992	9,020	113.3	8,325	55.6	17,452	74.8
1993	8,863	108.9	8,229	54.7	17,221	72.9
1994	8,876	104.8	8,312	54.3	17,334	71.8
1995	8,847	100.1	8,743	55.8	17,721	71.1
1996	8,618	93.3	8,899	55.1	17,644	68.4
1997	8,803	92.3	8,886	53.7	17,844	67.2
1998	8,482	86.9	9,211	54.4	17,866	65.4
1999	8,264	83.9	9,514	55.4	17,999	65.0
2000	8,213	82.5	9,458	56.3	17,915	62.5
2001	7,643	76.8	9,388	55.9	17,249	60.2

- Half of all girls who become pregnant as teenagers become pregnant again within two years.
- Today's teen mothers remain unmarried longer than in past generations. In 2001, 78 percent of teens ages 15–19 who gave birth were not married, compared to 68.6 percent in 1990 and 51 percent during the '80s. Single-parent families, especially young families, are at a greater risk of emotional and financial instability.
- Births to 10-14-year-olds make up two percent of all teen births and have been declining. Despite this good news, pregnancy in this age group is a serious public health concern. In 2001, 677 girls ages 10-14 became pregnant and 391 gave birth.

### Social costs

- Medicaid covered the costs of prenatal care and delivery for 78 percent of teens giving birth in Georgia in 2000.
- State funds also pay for special services for high-risk mothers and babies, including the costs of premature births, child abuse, day care, health care, foster care, education for children with mental and physical disabilities, and training for mothers who receive public assistance.
- Children born to adolescent mothers are twice as likely to be victims of abuse or neglect.